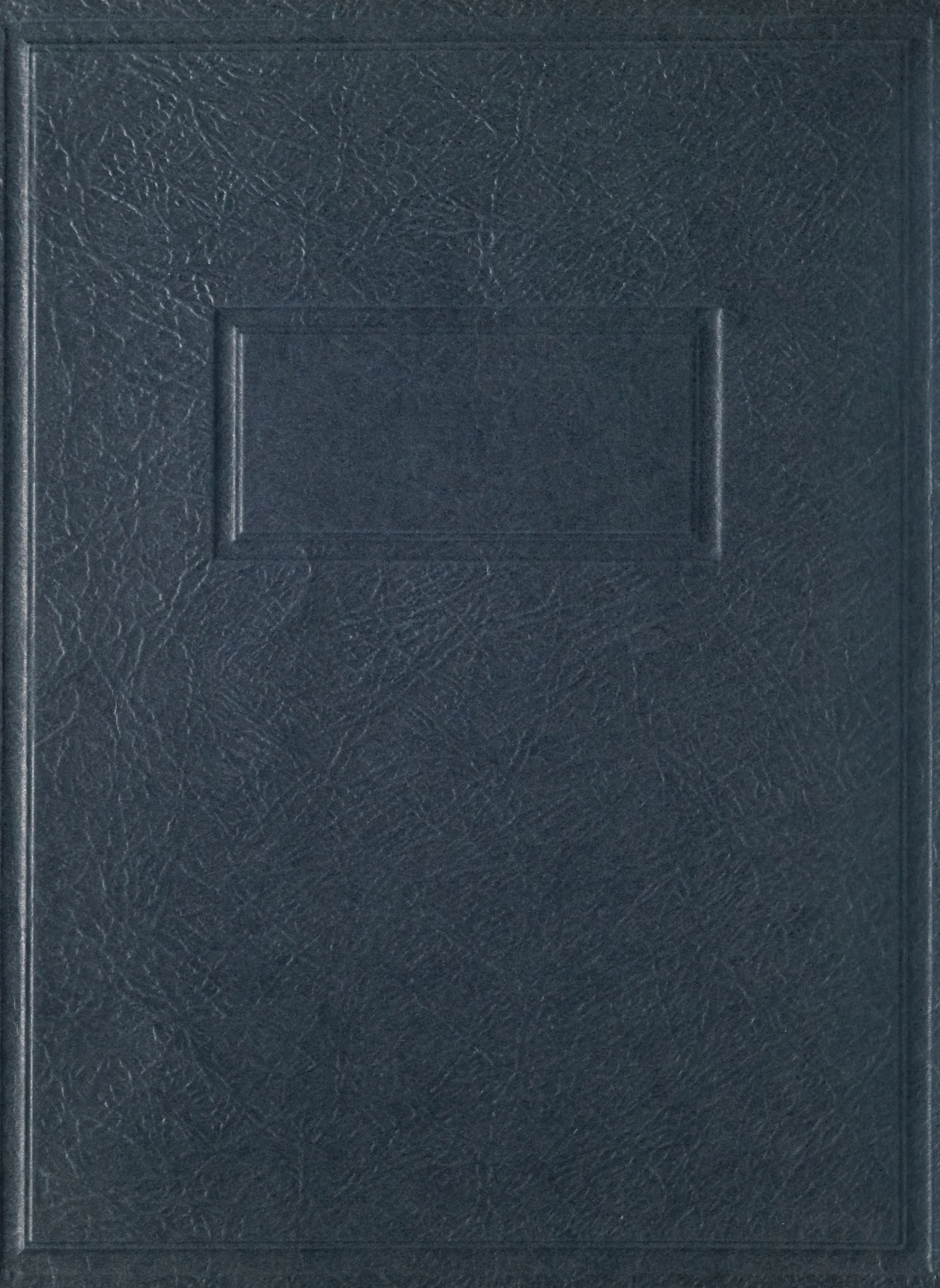


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SCIENCE & MEDICINE DEPT.

Southwestern Ontario Podiatric Society



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BRIEF TO THE MEDICAL SERVICES INSURANCE ENQUIRY

BY

SOUTHWESTERN ONTARIO PODIATRIC SOCIETY

President - B. A. Ballard, D.S.C., 801 Canada Building, Windsor.

Secretary - R. J. Tolbert, D.S.C., 1039 Ouellette Avenue, Windsor.

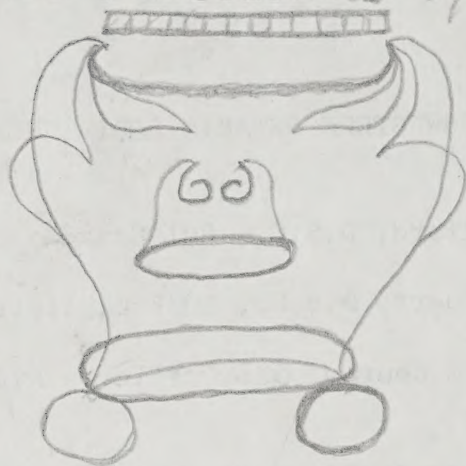
Solicitors - Paroian & Courey, 586 Ouellette Avenue, Windsor.

CONCLUSIONS AND RECOMMENDATION

The Southwestern Ontario Podiatric Society respectfully submits the following conclusions and recommendation for the consideration of the Medical Services Insurance Enquiry:

1. Podiatry is the only area of medical practice which specializes in the treatment of foot disease. That the podiatrist fills the need for specialized foot care is evidenced by the physician's participation in providing podiatric education, the establishment of podiatric clinics in our teaching hospitals, and by mutual referrals between physicians and podiatrists.
2. Bill 163, Legislative Assembly session of 1962-1963, while providing for the medical and surgical care of the foot, does not cover this care if rendered by a podiatrist. Many physicians, hospital staffs, and the general public recognize the need and value of the podiatrist's skill in providing this necessary care.

Where are the Faculties of Podiatry?



— now have
University
affiliation!

- ① Galloway — what differences between this & brief of provincial society?
C — only difference matter of emphasis.
 - ② 68 podiatrists — Out.
6 " — local society
 - ③ Av. day — 8 hours + house calls. — 5 day/week
— 15 pts. / day — up to 20-25.
— Hosp. clinic pod. — paid by fee for service
— Indigents — are treated — told to pay when they can.
 - ④ Podiatrist — looks after skin } physician
— ? deformities } specialist only
— med & surg. services } look after 1 area
— e.g. skin
- House call 7
Office 5.
Hosp. — 5-7.

3. The privilege of selection of a practitioner is one that every individual accepts as his right; provided, however, that the practitioner he prefers is one entitled by law to perform or render the service needed.
4. There would seem no reason to suggest that the podiatrist's services not be covered by the proposed legislation. Only one possible objection could be advanced and that is the possibility of added cost. Experience would appear to indicate that such an objection is without foundation.
5. The coverage of podiatric services would not incur added cost to the plan, as rates are based on benefits for conditions and not who shall treat the conditions. This is substantiated by the fact that private insurance plans providing payment for services rendered by podiatrists have not found it necessary to adjust rates. Nor have the rates of physician sponsored Blue Shield plans in the United States been adjusted when they were amended to cover the subscriber who elects medical or surgical treatment by a podiatrist.
6. We respectfully submit that it would be in the public interest to alter Bill 163 by amending Section 1 (1) to read as follows:

"Physician" means a medical practitioner registered as such under The Medical Act or under the comparable legislation of any jurisdiction outside

3. The privilege of selection of a practitioner is one that every individual secures as his right; provided, however, that the practitioner he selects is one entitled by law to perform or render the service needed.

4. There would seem no reason to suggest that the practitioner's services not be covered by the proposed legislation.

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indicate that such an objection is without foundation.

5. The coverage proposed is not intended to be added

cost to the plan, as rates are based on benefits for conditions and not on what the conditions. This is

substantiated by the fact that private insurance plans

providing payment for services rendered by practitioners have

not found it necessary to adjust rates. Nor have the rates

of physicians reported in the United States

been adjusted when they were amended to cover the additional

who effect medical or surgical treatment by a practitioner.

6. We respectfully submit that it would be in the public

interest to enact Bill 163 by amending Section 4 (1) to

read as follows:

"Physician" means a medical practitioner registered

in accordance with the Medical Act, 1956, and

comparable legislation of any jurisdiction outside

- ① Ontario in which medical or surgical care or services are rendered to a resident, and for the purposes of this Act the term "physician" ② shall include a podiatrist registered and performing podiatric services under the Chiropody Act, Ontario, 1944.

SOUTHWESTERN ONTARIO PODIATRIC SOCIETY--ORGANIZATION AND OBJECTIVES

1. The Southwestern Ontario Podiatric Society is a voluntary association of podiatrists practicing in the southwestern portion of Ontario. Its six members comprise seventy-five per cent of the practitioners within this area. All are members of the Ontario Podiatry Association.

Membership is open to those licensed to practice podiatry in Ontario who agree to abide by the by-laws of the Society and the code of ethics of the Ontario Podiatry Association.

The objectives of the Society are to provide for scientific discussion of podiatry and encourage the best possible foot health among the citizenry.

SCOPE OF PODIATRIC PRACTICE

2. Podiatrists in Ontario are licensed by the Board of Regents under the Chiropody Act, 1944, which defines a podiatrist in Section 1 (b) as a person "practising the treatment of any ailment, disease, defect or disability of the human foot".

PODIATRIC EDUCATION

3. Canadian practitioners obtain their professional education at one of five faculties in the United States, listed as accredited colleges by the United States Commissioner of Higher Education.

In order to obtain licensure in Ontario the podiatric graduate must have attended a faculty approved by the Council on Education of the Canadian Podiatry Association and the Board of Regents of Ontario, the provincial licensing body. The Board and Council conduct periodic inspections of these colleges to insure that they maintain the standards demanded by the profession in Ontario.

The pre-professional requirements for admission to a faculty of podiatry are a minimum preliminary education of Grade XIII plus one year of study in the sciences at an accredited university.

The faculty of a podiatric college consists of Doctors of Podiatry, Doctors of Medicine, and Doctors of Philosophy. All departments of medical and surgical subjects must be headed by Doctors of Medicine.

The professional course consists of four years. The first two years comprise a thorough study of the basic sciences, quite comparable to that of a college of medicine or dentistry.

The last two years are devoted to clinical treatment and didactic study of foot disease as well as an orientation in general medicine.

Internships and residencies in general podiatry and foot surgery are available to the podiatric graduate at colleges of podiatry and at some hospitals in the United States.

RECOGNITION OF PODIATRIC SERVICE

4. In the Journal of the American Medical Association, May, 1939, the following resolution of the American Medical Association was recorded:

"Chiropody (Podiatry) is not a cult practice, but rather a practice ancillary to that of medicine with a relationship similar to that of dentistry, pharmacy, and nursing."

5. Podiatrists render treatment in many hospitals in Canada, the United States, and the United Kingdom, including the following teaching hospitals in Toronto: St. Joseph's Hospital, Toronto Western Hospital, St. Michael's Hospital, Toronto General Hospital, and Baycrest Hospital. In Windsor, Riverview Hospital, a hospital for treatment of chronic disease, has maintained a regular podiatric clinic for its in-patients for some ten years. All members of this Society are called in by attending physicians to treat patients in general hospitals as the need arises.

Dr. Walter C. Alvarez of the Mayo Clinic, writing in the May, 1961 issue of "Geriatrics" on the "Value of Foot Care" pointed out that the podiatrist keeps the patient ambulatory and reduces costs from over four dollars daily for the bedridden, to less than two dollars for the ambulatory. These figures are the findings of a study made in 1950. Today's savings would undoubtedly be much greater. All evidence supports the conclusion that podiatric care minimizes periods of partial disability and eliminates or shortens periods of total disability. The patient either remains at work or returns to work earlier. These are obvious economic advantages to the patient, insurance carriers and the tax-paying public.

6. Podiatrists are referred patients by physicians, particularly for the local foot care necessitated by systemic disease. The Podiatrist works closely with the physician in the management of such disorders. In many cases, systemic disease first manifests itself in the foot, and the podiatrist is the practitioner consulted by the patient. All such patients are referred to the family physician or physician-specialist for general examination and treatment.
7. That podiatrists are the medical specialists best educated and experienced in the treatment of foot disease is supported by the following statement of J. H. McDermot, M.D., Editor of the Vancouver Medical Association Bulletin, in an article

relating to podiatry, quoted from the September 1953 issue:

"We cannot deny this that the treatment given by practitioners of medicine to diseases of the foot was not adequate--that insufficient study was given to the foot in the medical curriculum, to the importance of footwear, to the necessity of care of the foot..."

8. Podiatry came into existence because of the lack of special interest by the physician in foot health. That the podiatrist fills the need of specialized foot care is evidenced by the physician's participation in providing podiatric education, the management of foot conditions by podiatrists in some of our teaching hospitals. Further evidence is the cooperation and mutual referrals between podiatrists and physicians.

PRESENT INSURANCE COVERAGE OF SERVICES PROVIDED BY PODIATRISTS

9. Medical and surgical care of the foot as provided by a great number of private insurance carriers in Ontario is covered whether the subscriber chooses to engage the services of a podiatrist or physician. (See Appendix) However, in Ontario the medical services plans sponsored by physicians will provide payment only if treatment is rendered by a physician.
10. In the United States, services rendered by podiatrists are covered by private health insurance plans as well as the

physician sponsored plans commonly referred to as Blue Cross-Blue shield. No distinction is made between licensed practitioners providing they practice within their scope and are duly licensed to provide medical and surgical care.

11. In Great Britain, chiropodist (podiatrist) services, though much more limited in their medical and surgical scope, are covered by the National Health Service as consultants in hospitals throughout the country. It should be pointed out that specialists, in every field of medical practice, in Great Britain under the National Health Service practice in the hospitals.

PHILOSOPHY OF MEDICAL SERVICES INSURANCE

12. The Canadian public has demonstrated through purchase of health insurance contracts its desire for prepayment of medical services. This has come about because of the high cost of medical care, which in many instances is a great burden without insurance.
13. The insured, when purchasing a health insurance policy is unquestionably motivated by a desire to obtain protection from the cost of illness and injury. It is a fair presumption that the subscriber assumes he is insured against disease and may elect the services of any practitioner licensed to provide that service.

14. The role of insurance carriers providing medical and surgical services is to cover, on a prepayment basis, the treatment of disease. Its prerogatives should not include who may provide these medical and surgical services. This is the function of the province which through practice acts and licensing bodies determines who shall treat. In the treatment of foot conditions the podiatrist as well as the physician is licensed to provide medical care.
15. The present insurance carriers who cover treatment of foot disease but deny payment in treatment is rendered by a podiatrist usurp legislative prerogative.

MEDICAL SERVICES INSURANCE

16. This Society approves the establishment of a medical services insurance plan sponsored by the provincial government, operated through existing insurance carriers, providing it prohibits discriminatory practices by insurance carriers.
17. Bill 163, Legislative Assembly session of 1962-1963, while providing for complete medical and surgical services, does not allow payment for medical and surgical care of the foot by podiatrists. Payment is provided for the treatment of these conditions, however, if rendered by a physician.
18. The podiatrist does not make claim for recognition of services not already included in the proposed insurance contract. The

medical services which the podiatrist performs are covered by the present form of Bill 163. Many physicians, hospital staffs, and the general public recognize the need and value of his service. They and the legislature have recognized his qualifications.

19. There would seem no reason to suggest that the podiatrist's services not be covered by the proposed legislation. Only one possible objection could be advanced and that is the possibility of added cost. Experience would appear to indicate that such an objection is without foundation.
20. The coverage of podiatric service would not incur added cost to the plan, as rates are based on benefits for conditions and not who shall treat the conditions. This is substantiated by the fact that private insurance plans providing payment for services rendered by podiatrists have not found it necessary to adjust rates. Nor have the rates of physician sponsored Blue Shield plans in the United States been adjusted when amended to cover the subscriber who elects medical or surgical treatment by a podiatrist.

21. We respectfully submit that it would be in the public interest to alter Bill 163 by amending Section 1 (1) to read as follows:

"Physician" means a medical practitioner registered as such under The Medical Act or under the comparable legislation of any jurisdiction outside Ontario in which medical or surgical care or services are rendered to a resident, and for the purposes of this Act the term "physician" shall include a podiatrist registered and performing podiatric services under the Chiropody Act, Ontario, 1944.

APPENDIX

Insurance Companies Covering Podiatry in Ontario

as of April 20th, 1963

1. Aetna Life Insurance Company
2. Excelsior Life Insurance Company
3. Allstate Insurance Company
4. Canada Health & Accident Assurance Company
5. Confederation Life Association
6. Continental Casualty Company
7. Crown Life Insurance Company
8. Dominion Life Assurance Company
9. London Life Insurance Company
10. Metropolitan Company
11. Mutual Benefit Health & Accident Association
12. Mutual Life Assurance Company of Canada
13. New York Life Insurance Company
14. Occidental Life Insurance of California
15. Paul Revere Life Insurance Company
16. Prudential Life Insurance Company of America
17. Sun Life Assurance Company of Canada
18. The Travellers Insurance Company
19. Zurich Insurance Company
20. Manufacturers Life Insurance Company
21. Transportation Insurance Company
22. Loblaws Employees Health Insurance
23. Loyal Protective Life Insurance Company
24. Mutual Life Insurance Company of New York
25. Union Mutual Life Insurance Company
26. Canadian Premier Life Insurance Company
27. North American Life and Casualty Company
28. Equitable Life Assurance Society of U.S.
29. John Hancock Mutual Life Insurance Company

